

Vision Care Services (Includes Ophthalmological Services)

Eligibility for Vision Care Services

Clients with one of the following identifiers on their DSHS Medical ID cards are eligible for vision care services:

<u>Medical Program Identifier</u>	<u>Medical Program</u>
CNP	Categorically Needy Program
CNP - CHIP	Categorically Needy Program – State Children's Health Insurance Program
GAU - No Out of State Care	General Assistance-Unemployable -No Out of State Care ADATSA
LCP-MNP	Limited Casualty Program -Medically Needy Program

Limited Coverage for Vision Care Services

Clients with the following identifier on their Medical ID cards are eligible **ONLY** for those services directly related to a qualifying emergency medical condition:

<u>Medical Program Identifier</u>	<u>Medical Program</u>
CNP - Emergency Medical Only	Categorically Needy Program – Emergency Medical Only (<i>Covered only when the service is related to the emergent condition.</i>)
LCP-MNP Emergency Medical Only	Limited Casualty Program - Medically Needy Program (<i>Covered only when the service is related to the emergent condition</i>)

For clients with the following identifier on their DSHS Medical ID card, MAA pays only the Medicare premiums and copay.

<u>Medical Program Identifier</u>	<u>Medical Program</u>
QMB-Medicare Only	Qualified Medicare Beneficiary (<i>Medicare Premiums/Copays Only</i>)

No Coverage for Vision Care Services

Clients with Family Planning Only and TAKE CHARGE identifiers on their Medical ID cards are not eligible for vision care service.

Are clients enrolled in an MAA managed care plan eligible for vision care services?

Clients with an identifier in the HMO column on their DSHS Medical ID card are enrolled in one of MAA's managed care plans. **Eye exams, refractions, and/or visual fields** must be requested and provided directly through the client's managed care plan. Clients can contact their plans by calling the telephone number listed on their DSHS Medical ID card.

Frames, lenses, and contact lenses must be ordered from MAA's contractor (see page D.14). These items are reimbursed fee-for-service. Eligibility, coverage, and billing guidelines found in these billing instructions apply to managed care clients.

Primary Care Case Management (PCCM) clients will have a PCCM identifier in the HMO column of their DSHS Medical ID cards. Please make sure these clients have been referred by their PCCM prior to receiving services. The referral number is required in the "referring provider" field of the claim form.



Note: For further information on MAA's managed care plans, see MAA's Web site: <http://maa.dshs.wa.gov/HealthyOptions>

What services are covered and how often?

- **Eye examinations, refractions, and fitting fees**

MAA reimburses providers for medically necessary eye examinations, refractions, eyeglasses (frames and lenses), and fitting fees as follows:		
Asymptomatic clients	Adults (21 year or older)	Once every 24 months
Asymptomatic clients	Children (20 years or younger)	Once every 12 months
Clients with developmental disabilities <i>(DSHS Medical ID card will have an "X" in the DD Client column)</i>	Adults and Children	Once every 12 months



Note: The provider must document the diagnosis and/or treatment in the client's record to justify the frequency of examinations and other services.

MAA limits eyeglass reimbursement to specific contract frames and contract lenses. MAA reimburses providers for a fitting fee for frames, lenses, and contact lenses provided by, or obtained through, the contractor (see page D.14). If the client has a serviceable frame that meets MAA's size and style requirements, MAA will pay for a fitting fee.

Under what circumstances would the above limits NOT apply?

- **Change in prescription (spherical equivalent of ± 1 diopter):** The 24-month limitation does not apply to a change in prescription spherical equivalent of ± 1 diopter.
- **Clients in nursing facilities:** MAA reimburses for services provided to clients in a nursing facility. Services must be ordered by the client's attending physician and documented in the client's care plan.
- **Eye examinations relating to medical conditions:** MAA reimburses for examinations relating to medical conditions (e.g., glaucoma, conjunctivitis, corneal abrasion/laceration, etc.) as often as medically necessary.
- **Eye exam due to lost or broken glasses:**

MAA reimburses for eye exams within two years of the last exam when no medical indication exists and **both** of the following are documented in the client's record:

- ✓ The glasses or contacts are broken or lost; and
- ✓ The last exam was 18 months ago or longer.



Note: Bill for eye exams due to lost or broken glasses using MAA's Expedited Prior Authorization (EPA) process. See Section I.

- **Visual field exams (CPT codes 92081-92083):** MAA reimburses providers for visual field exams for the diagnosis and treatment of abnormal signs, symptoms, or injuries. MAA does not reimburse providers for visual field exams that are done by simple confrontation. Use Medicare criteria for billing visual field services for MAA clients.

Documentation in the record must show:

- ✓ The extent of the testing;
- ✓ Medical necessity; and
- ✓ The medical basis for the frequency of testing.

Program Limitations

Special Ophthalmological Services - Bilateral Indicator: MAA considers special ophthalmological services to be bilateral if they are routinely provided on both eyes. For MAA purposes, this includes CPT code 92015, determination of refractive state. Do not use bilateral modifier 50 or modifiers LT and RT for these services since payment is based on a bilateral procedure.

Evaluation and Management (E&M) Procedures: Use E&M codes for eye examinations for a medical problem, not for the prescription of eyeglasses or contact lenses. ICD-9-CM diagnosis codes 367.0-367.9 and "V" codes are not appropriate when billing E&M services.

What services are not covered?

MAA does not cover:

- E&M services and an eye exam on the same day;
- Nursing home visits and an eye exam on the same day;
- Any services with prescriptions over two years old;
- Missed appointments;
- Orthoptics and visual training therapy; or
- Group vision screening for eyeglasses (except for EPSDT services).

Eyeglasses

When does MAA cover eyeglasses (frames and/or lenses)?

MAA covers eyeglasses (frames and/or lenses) when the:

- Client's condition that requires correction in one or both eyes is stable;
- Prescription is less than two years old; and
- Minimum correction need is documented and meets one of the following:
 - ✓ Sphere power equal to, or greater than, ± 0.50 diopters; or
 - ✓ Astigmatism power equal to, or greater than, ± 0.50 diopters.

MAA limits reimbursement for eyeglasses to specific contract frames, lenses, and contact lenses. MAA pays providers a fitting fee only for frames, lenses, and contact lenses provided by or obtained through MAA's contractor (see page D.14). However, if the client owns serviceable frames that meet MAA's size and style requirements, MAA will pay for a fitting fee.



Note: Refer to page D.7 for requests for lenses only.

How often does MAA cover eyeglasses (lenses/frames)?

MAA covers eyeglasses as follows:

Clients	Limitations
21 years of age or older	Once every 24 months
20 years of age or younger	Once every 12 months
With developmental disabilities (all ages) (<i>DSHS Medical ID card will have an "X" in the DD Client column.</i>)	Once every 12 months
Who have been unable to adjust to contact lenses after 30 days (all ages)	As medically necessary (<i>The provider must document the client's inability to adjust and the client must return the original contact lenses to the provider.</i>)

Replacements

MAA reimburses providers for replacement eyeglasses (lenses/frames) that have been broken or lost as follows:

Clients	Limitations
21 years of age and older	Requires MAA's expedited prior authorization (see Section I)
20 years of age and younger	Does not require MAA's prior authorization
With developmental disabilities (all ages) (<i>DSHS Medical ID card will have an "X" in the DD Client column.</i>)	Does not require MAA's prior authorization

Repairs

Use CPT code 92390 to bill for materials used for eyeglasses repair (specify materials billed in the *Comments* section on the claim form).

Eyeglass repair includes replacement of frame front, temple(s), soldering, and/or hinge repair. MAA covers incidental repairs to a client's eyeglass frames when both of the following apply:

- The repair or adjustment is not typically provided to the public at no cost (such as tightening and/or straightening the frame, or replacing a hinge screw); and
- The cost of the repair does not exceed MAA's cost for replacement frames.

Eyeglass repair parts and materials may be ordered from the state contractor or any manufacturer of optical devices and will be paid up to MAA's maximum allowable fee for repair.

Additional Options

Nonallergenic frames

If the client has a medically diagnosed allergy to metal, MAA covers coating the frames to make them nonallergenic.

Upgrades

MAA does not allow clients to upgrade eyeglass frames and pay only the upgrade costs in order to avoid MAA's contract limitations.

Back-up eyeglasses

MAA covers back-up eyeglasses when contact lenses are the client's primary visual correction aid (see Contact Lenses section, page D.11) as follows:

Clients	Limitations
20 years of age or younger	One pair every two years
21 years of age or older	One pair every six years

Durable or Flexible Frames

MAA covers pre-approved special frames called "durable" or "flexible" frames through MAA's contracted supplier when a client:

- Is diagnosed with a seizure disorder that results in frequent falls; or
- Has a medical history that has resulted in two or more broken eyeglass frames in a 12-month period.



Note: For durable or flexible frames, bill using MAA's Expedited Prior Authorization (EPA) process. See Section I.

What is not covered?

MAA **does not cover** the following eyeglasses:

- Eyeglasses upgraded at private expense to avoid MAA's contractual limitations;
- Two pairs of eyeglasses in lieu of multifocals; or
- Non-medically necessary eyeglasses.

Eyeglass Lenses

What is covered?

MAA covers the following eyeglass lenses and lens treatments through MAA's contractor:

- **One pair of:**
 - ✓ Single vision;
 - ✓ Round or flat top D-style bifocals; or
 - ✓ Trifocals (25 mm or 28 mm).
- **Glass Lenses (in clear only)** in eye-size 54 millimeters or smaller for all contract frames or noncontract serviceable frames owned by MAA clients.
- **Plastic Lenses (in clear only)** in all sizes to fit all contract frames or noncontract frames owned by MAA clients. Plastic lenses can be up to any prescription power. (For information on tinted lenses, see page D.8.)
- **Treating Plastic Lenses for Scratch Resistance** only when the client:
 - ✓ Is 20 years of age or younger; or
 - ✓ Has a developmental disability (check the client's DSHS Medical ID card for an "X" in the DD column).

Requests for lenses only

MAA covers only lenses when the:

- Eyeglass frames are serviceable*;
- Lenses are medically necessary; and
- Size and style of the required lenses meet MAA's contract requirements.

***Note:** Due to time, exposure to elements, and concealed damage, working with noncontract frames owned by MAA clients can be unpredictable. MAA's contractor does not accept responsibility for these frames.

Which eyeglass lenses and lens treatments require medical justification?

Medical justification and/or ICD-9-CM diagnosis code(s) must be clearly written on the order form to the contractor for the following lenses:

- **Bifocal Lenses Replaced with Single Vision Lenses - or - Trifocal Lenses Replaced with Bifocal Lenses or Single Vision Lenses**

A client may be unable to adjust quickly to lens changes. Therefore, MAA requires all of the following before allowing lenses to be replaced as specified above:

- ✓ A client must attempt and be unable to adjust to the bifocals or trifocals for at least 60 days; and
- ✓ The original bifocal or trifocal lenses are returned to the provider.

A statement from the attending physician must be in the client's record indicating that the treatable condition(s) is stable before new lenses are allowed.

- **High-Index Lenses for Refractive Change**

MAA covers high-index lenses when the client requires a refractive correction of ± 8 diopters or greater.



Note: For high-index lenses, bill using MAA's Expedited Prior Authorization (EPA) process. See Section I.

- **Tinting of Plastic Lenses**

MAA covers the tinting of plastic lenses only when:

- ✓ The client's medical need is diagnosed and documented as a chronic eye condition (expected to last longer than 3 months) causing photophobia; and
- ✓ MAA's contracted lens supplier does the tinting.

When billing MAA for tinting of plastic lenses, use the appropriate ICD-9-CM code from the following list:

Medical Conditions	ICD-9-CM Diagnosis Codes
Chronic iritis, iridocyclitis (uveitis)	364.10-364.11 and 364.50-364.59
Optic atrophy and/or optic neuritis causing photophobia	377.1-377.63
Chronic corneal keratitis	370.00-370.07
Glaucoma	365.00-365.9
Rare photo-induced epilepsy conditions	345.00-345.9
Migraine disorder	346.00-346.2
Diabetic retinopathy	362.01-362.02

- **Glass Photochromatic Lenses (includes photogray lenses)**

Plastic photochromatic lenses are not allowed.

MAA covers glass photochromatic lenses only when the client's medical need is diagnosed and documented as related to either of the following:

- ✓ Ocular albinism; or
- ✓ Blindness.

When billing MAA for photochromatic lenses, use the appropriate ICD-9-CM code from the following list:

Medical Conditions	ICD-9-CM Diagnosis Codes
Albinism	270.2
Retinitis pigmentosa	362.74
Optic atrophy and/or optic neuritis	377.10-377.63

- **Polycarbonate Lenses**

MAA covers polycarbonate lenses when a client:

- ✓ Is blind in one eye and needs protection for the other eye, regardless of whether a vision correction is required;
- ✓ Is 20 years of age or younger and diagnosed with strabismus or amblyopia; or
- ✓ Has a developmental disability, regardless of the client's age.

When billing MAA for polycarbonate lenses, use the appropriate ICD-9-CM code from the following list:

Medical Conditions	ICD-9-CM Diagnosis Codes
Persons who are blind in one eye and need protection for the other eye	369.60-369.69 and 369.71-369.73
Infants/toddlers with motor ataxia	331.89, 334.0-334.9, 781.2, and 781.3
Amblyopia	368.01-368.03
Children with strabismus	378.00-378.9

Replacements

- MAA covers lens replacement for lost, broken, or stolen lenses as follows:

Clients	Limitations
21 years of age and older	Requires MAA's expedited prior authorization (see Section I)
20 years of age and younger	Does not require MAA's prior authorization
With developmental disabilities (all ages) (<i>DSHS Medical ID card will have an "X" in the DD Client column.</i>)	Does not require MAA's prior authorization

- MAA covers lens replacements without regard to time limits when all of the following apply:
 - ✓ One of the following caused the vision change:
 - Eye surgery;
 - The effect(s) of prescribed medication; or
 - One or more diseases;
 - ✓ Both the eye condition and the treatment have stabilized; and
 - ✓ The lens correction has at least one diopter difference between the old and new prescriptions. (Replacement lenses are limited to one pair of eyeglasses.)

Which lenses are not covered?

MAA does not cover the following eyeglass lenses:

- High index lenses with correction less than 8 diopters;
- Second or replacement lenses during pregnancy due to unstable refractive changes;
- Plastic photochromatic lenses;
- Glass lenses of prescription power \pm 8 diopters;
- Varilux or other progressive addition-type multifocals, including blended bifocals; or
- Sunglasses.

Contact Lenses

How often does MAA cover contact lenses?

MAA covers contact lens replacements once every 12 months.

What is covered?

MAA covers the following contact lenses:

- **Gas permeable or daily wear soft contact lenses** as the client's primary refractive correction method if a client has a spherical correction of \pm 6.0 diopters. (Use ICD-9-CM codes 367.0 or 367.1.)
- **Therapeutic contact bandage lenses** only when needed immediately after either of the following:
 - ✓ Eye injury (ICD-9-CM codes 871.0-871.9); or
 - ✓ Eye surgery (CPT codes 65091-67599, 68020-68399).
- **Lenticular, aspheric, and myodisc contact lenses** when the client has one or more of the following:
 - ✓ Multiple cataract surgeries on the same eye;
 - ✓ Aphakia;
 - ✓ Keratoconus with refractive error of \pm 10 diopters; or
 - ✓ Corneal softening (e.g., bullous keratopathy).

When billing MAA for lenticular, aspheric, and myodisc contact lenses, use the appropriate ICD-9-CM code from the following list:

Medical Conditions	ICD-9-CM Diagnosis Codes
Aphakia	379.31, 743.35
Keratoconus	371.60-371.62, 743.41
Multiple cataract surgeries on the same eye (12-month limit does not apply)	366.00-366.09, 366.17-366.9
Corneal softening, such as caused by bullous keratopathy	371.23

- **Soft toric contact lenses** (daily wear) for clients with astigmatism requiring a cylinder correction of ± 1 diopter. They must also meet the spherical requirement of ± 6 diopters (use ICD-9-CM codes 367.20, 367.21, or 367.22 for astigmatism).



Note: MAA does not cover contact lenses if the client's ocular condition makes it inadvisable for the client to use contact lenses.

Replacements

MAA covers the replacement of broken or lost contacts when both of the following are documented in the client's record:

- Copy of current prescription (must not be older than 17 months); and
- The date of last dispense.



Note: For replacement contact lenses, bill using MAA's Expedited Prior Authorization (EPA) process. See Section I.

Which contact lenses are not covered?

- Contact lenses for a client who has received MAA-covered eyeglasses within the past two years, unless the provider can document the medical necessity; or
- Disposable contact lenses.



Note: MAA does not allow clients to upgrade contact lenses and pay only the upgrade costs in order to avoid MAA's contract limitations

Billing for Fitting Fees

Bill using the following CPT codes for fitting fees for contact lenses:

CPT Procedure Code	Brief Description
92070	Fitting of contact lens (does not include any follow-up days)
92310 92311 92312 92313	Contact lens fitting (does not include any follow-up days)

Ocular prosthetics

When does MAA cover ocular prosthetics?

MAA covers ocular prosthetics when the ocular prosthetics are medically necessary and provided by any of the following providers:

- An Ophthalmologist;
- An Ocularist; or
- An Optometrist who specializes in orthotics.

For ocular prosthetics, bill using one of the following HCPCS procedure codes:

HCPCS Code	Description
V2623	Prosthetic, eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2630	Anterior chamber intraocular lens
V2631	Iris, supported intraocular lens
V2632	Posterior chamber intraocular lens

Cataract Surgeries

When does MAA cover cataract surgery?

MAA covers cataract surgery when it is medically necessary and the provider clearly documents the need in the client's file.

MAA considers the surgery medically necessary when the client has either of the following:

- Correctable visual acuity in the affected eye at 20/50 or worse, as measured on the Snellen test chart; or
- One or more of the following conditions:
 - ✓ Dislocated or subluxated lens;
 - ✓ Intraocular foreign body;
 - ✓ Ocular trauma;
 - ✓ Phacogenic glaucoma;
 - ✓ Phacogenis uveitis; or
 - ✓ Phacoanaphylactic endophthalmitis.

Strabismus Surgeries

When does MAA cover strabismus surgery?

MAA covers surgical procedures for strabismus (CPT codes 67311-67340) for clients 17 years of age and younger only.

Where and How Do I Order Eyeglasses and Contact Lenses?

Who is MAA's eyeglass contractor?

MAA's eyeglass contractor is Airway Optical (Washington State Department of Correctional Industries).

Eyeglasses and contact lenses, including therapeutic soft contact (bandage) lenses, are covered for eligible MAA clients through Airway Optical only. MAA does not reimburse any other optical manufacturer or provider for frames, lenses, or contact lenses.

Mail or fax completed prescriptions and/or purchase orders for sample kits, eyeglass frames, lenses, and contact lenses to:

Airway Optical
11919 West Sprague Avenue
PO Box 1959
Airway Heights, WA 99001-1959
Customer Service: 1-888-606-7788
Fax: 1-888-606-7789

General Ordering Information

- Airway Optical will supply prescription order forms upon request. Please call Airway Optical's toll-free number at (888) 606-7788 or fax (888) 606-7789 to order additional forms. **Please do not photocopy the order forms as it makes them illegible.**
- All prescriptions must be **legible** and include the prescribing provider's name and return address. Airway Optical will mail the eyeglasses to the prescribing provider.
- Providers must mail or fax eyeglass orders, along with a copy of the client's DSHS Medical ID card **with the client's address removed or blacked out**, to the contractor. The provider must ensure the copy of the Medical ID card is legible and is for the current month.
- MAA requires Airway Optical to process prescriptions within 10 business days (including shipping and handling time) after receipt of a properly completed order. MAA allows 20 business days for completing special orders (e.g., polycarbonate, high index, etc). Airway Optical must notify the provider when a prescription cannot be processed within either of these specified delivery timeframes.
- Include the appropriate diagnosis code on all order forms for eyeglass and contact lenses. If the appropriate diagnosis code is not included on the form, the contractor is required to reject and return the order.
- The contractor will reject and return an order for any client for whom MAA has already purchased a pair of lenses and/or complete frames within the applicable benefit period (12 or 24 months, as appropriate). Similarly, the contractor will reject an order for contact lenses for a client if MAA has already paid for contact lenses or eyeglasses for that client within the past 12 months.
- To obtain general information, or to inquire about overdue prescriptions, call the contractor at: 1-888-606-7788.

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